# **NEW APPLICATION** ORIGINAL



### ARIZONA CORPORATION COMMISSION

#### **APPLICATION**

## **FOR THE SALE OF ASSETS**

AND/OR

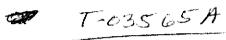
### CANCELLATION OF CERTIFICATE OF CONVENIENCE AND NECESSITY (CC&N) **FOR**

#### CUSTOMER OWNED PAY TELEPHONE (COPT) PROVIDERS

	Mail	or	deliver	an	Original	and 1	13 co	pies of	f this	applic	ation	to:
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T-03565A-09-0433

Docket Control Center Arizona Corporation Commission 1200 West Washington Street Phoenix, Arizona 85007



List the name, address, and telephone number of the person or entity (Applicant) that subscribed to the phone line from the local exchange company, indicate Business Name (if different than Applicant):

repricant).									
PHONETEL TECHNOCOGIES, IN (Applicant's Name)	(Business Name if different than Applicant's Name)								
401 PREFESSIONAL DR. STE 123 (Applicant's Address)	D PALIWODA @ MOSILETRO CORP. COM (Applicant's Email Address)								
GAITHERSBURG MD 20879 (Applicant's Address)	(Applicant's Telephone Number)								
By checking this box, the Applicant indicates it no longer provides, or never did provide, COPT service in the State of Arizona and requests cancellation of its CC&N.									
By checking this box, the Applicant is requesting autho 40-285 and to cancel its CC&N. Do not check this	•								
By checking this box, the Applicant gives up its right to and to receive notice of the hearing date in order to									
By checking this box, the undersigned states s/he is the	authorized person to make this application.								
Please print your name and sign:  DOLALD PALLWODA CFO  (Print Name)									
(Print Name)  Donald Polewooda	DOCKET CONTROL								
(Signature)	777 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
DO NOT WRITE IN THIS SPACE Advance Compresti	ON COMMISSION STARE DECOMMENDATIONS								

Anzona Corporation Commis

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